

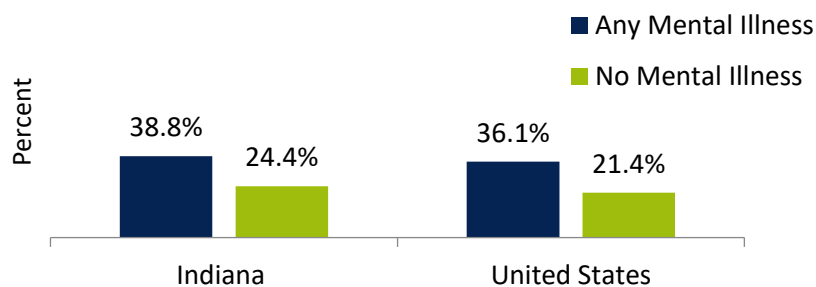
Smoking, Mental Illness, and Substance Use Disorders

Tobacco use is the leading preventable cause of death and disease in the United States, claiming 480,000 lives every year.¹ The impact of tobacco on Indiana is staggering, causing approximately 11,100 deaths annually.² In Indiana and nationwide, smoking prevalence remains significantly higher among individuals with mental illness and substance use disorders than those without these conditions.³

Smoking among Adults with Mental Illness

- About 1 in 5 adults in the U.S. (19.9%) and in Indiana (22.3%) have any mental illness.^{4*}
- In both Indiana and the United States, adults with mental illness smoke at higher rates than adults without mental illness.⁴
- Individuals with mental illness or substance use disorder smoke nearly 40% of all cigarettes smoked in the United States.³

Percentage of adults who currently smoke cigarettes, by mental illness diagnosis, 2009-2011⁴



Smoking and Other Substance Use

Nationwide, people who smoke report higher rates of abuse of other substances such as alcohol and illicit drugs. Among people age 12 or older in the U.S. in 2017:

- 28.1% of current smokers reported any illicit drug use, compared with 7.5% of nonsmokers.⁵
- 3.8% of current smokers reported heroin or other opioid misuse, compared with 0.8% of nonsmokers.⁵
- 43.2% of current smokers reported binge drinking, compared with 20.4% of nonsmokers.⁵

Quick Facts

*Over **1 in 3** adults with mental illness in Indiana (38.8%) and the U.S. (36.1%) smoked cigarettes in 2009-2011.*

*Individuals with mental illness or substance use disorder smoke nearly **40%** of all cigarettes smoked in the United States.*

*Over **2 in 5** Hoosier adults with frequent poor mental health (40.5%) were current smokers in 2018.*

Nationwide, smokers are more likely than non-smokers to report abuse of other substances such as alcohol and illicit drugs.

Quitting tobacco use can greatly improve the health and quality of life of people with mental illness.

For tobacco users interested in quitting, the Indiana Tobacco Quitline (1-800-QUIT-NOW) is available to provide free, evidence-based support, advice and resources including a custom program for those with behavioral health conditions.

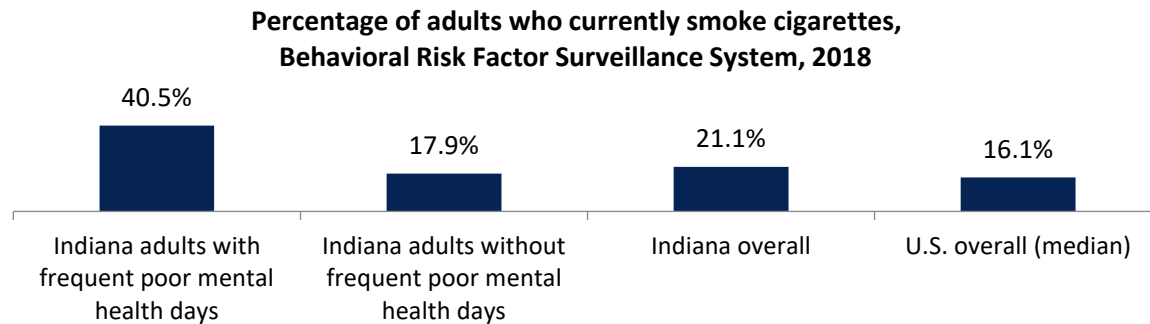
* Mental illness is defined as a diagnosable mental, behavioral, or emotional disorder.



Smoking, Mental Illness, and Substance Use Disorders

Poor Mental Health Status and Current Smoking among Indiana Adults

In addition to the higher prevalence of current smoking among adults with a diagnosable mental illness, Indiana adults reporting frequent poor mental health days (at least 14 poor mental health days in the past 30 days) have a higher smoking prevalence (40.5%) than adults who do not report frequent poor mental health days (17.9%).⁶



Treatment for Tobacco Users with Mental Illness or Substance Use Disorders

Although research shows that tobacco users with mental illness and substance use disorders want to quit and can quit, tobacco treatment may not always be considered a priority in mental health treatment settings.⁷ To help reduce smoking among individuals with mental illness, mental health providers and facilities can:

- Ask about patients' tobacco use, advise them to quit, assess willingness to quit, assist them with accessing effective tobacco treatment, and arrange for follow up
- Integrate tobacco treatment into overall mental health treatment strategies
- Refer patients to an evidence-based tobacco treatment resource for extra support, such as the Indiana Tobacco Quitline (1-800-QUIT-NOW) which along with its traditional services, offers a tailored program for those with behavioral health conditions, including: Bi-Polar Disorder, Depression, Drug or Alcohol Use Disorder (SUD), Generalized Anxiety Disorder, PTSD, Schizophrenia or ADHD
- Implement tobacco-free campus policies in treatment facilities
- Stop practices that encourage tobacco use, such as allowing smoking as a reward

Resources for Quitting Tobacco Use

Quitting tobacco use can greatly improve the health and quality of life of people with mental illness. Tobacco users should contact a health care provider for assistance and call 1-800-QUIT-NOW or visit www.QuitNowIndiana.com for free, evidence-based support, advice, and resources including specific resources for those with behavioral health conditions.

¹ U.S. Department of Health and Human Services. The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014.

² Centers for Disease Control and Prevention. *Best Practices for Comprehensive Tobacco Control Programs – 2014*. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014.

³ Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. (March 20, 2013). *The NSDUH Report Data Spotlight: Adults with Mental Illness or Substance Use Disorder Account for 40 Percent of All Cigarettes Smoked*. Rockville, MD.

⁴ Centers for Disease Control and Prevention. Vital signs: current cigarette smoking among adults aged ≥18 years with mental illness – United States, 2009–2011. *MMWR* 2013; 62(05): 81–87.

⁵ Center for Behavioral Health Statistics and Quality. (2018). 2017 National Survey on Drug Use and Health: Detailed Tables. Substance Abuse and Mental Health Services Administration, Rockville, MD.

⁶ Behavioral Risk Factor Surveillance System, 2018.

⁷ Centers for Disease Control and Prevention. CDC features: smoking among adults with mental illness. Accessed July 21, 2015 from <http://www.cdc.gov/features/vitalsigns/SmokingAndMentalIllness/>.

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Tobacco Prevention and Cessation Commission

www.in.gov/isdh/tpc ~ 317.234.1787

www.QuitNowIndiana.com



1-800-QUIT NOW
Indiana's Tobacco Quitline